


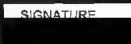
TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 19-JUN-2016		TIME 21:04:00		2. ADDRESS OF OCCURRENCE 1607 N WASHTENAW AVE CHICAGO, IL 60647		3. LOCATION CODE 092		4. BEAT/OCCUR 1421		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO		
	5. POSITION 9161		6. LAST NAME CRAVENS		7. FIRST NAME DANIEL L		8. STAR NO. 4656		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		
	11. AGE 600		12. HT. 165		13. WT. 165		14. DATE OF APPT. 24-NOV-2003		15. EMPLOYEE NO. 003		16. UNIT & BEAT OF ASSIGNMENT 4312A		
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME DIXON		21. FIRST NAME ANGELO		22. M.I. JR		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.D.B. 01-JUN-1997		
	26. HT. 502		27. WT. 120		28. ADDRESS 2247 W DIVERSEY AVE CHICAGO, IL 60647		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. CHARGES PLACED 19330167		37. CB NO.		IR NO.		DNA						
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		FLED <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		
	OTHER <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>		OTHER <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		
MEMBER PRESENCE <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>	
ESCORT HOLDS <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>	
WRISTLOCK <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>	
ARMBAR <input type="checkbox"/>		OTHER <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		OTHER <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		ARMBAR <input type="checkbox"/>	
PRESSURE SENSITIVE AREAS <input type="checkbox"/>				PRESSURE SENSITIVE AREAS <input type="checkbox"/>				PRESSURE SENSITIVE AREAS <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
CONTROL INSTRUMENT <input type="checkbox"/>				CONTROL INSTRUMENT <input type="checkbox"/>				CONTROL INSTRUMENT <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>	
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>				OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>				OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	
LRAD WITH AUTHORIZATION <input type="checkbox"/>				LRAD WITH AUTHORIZATION <input type="checkbox"/>				LRAD WITH AUTHORIZATION <input type="checkbox"/>		LRAD WITH AUTHORIZATION <input type="checkbox"/>		LRAD WITH AUTHORIZATION <input type="checkbox"/>	
OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member							
	41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR					
	45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 21		47. BARREL LENGTH 4		48. CALIBER/GAUGE 45 CAL					
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO				
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 2		70. EVENT NO. 1617116023		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)				71. R.D. NO. HZ314835		
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 0		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) RUNNING		70. ADDITIONAL INFORMATION POINTED GUN AT OFFICER						
69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION												

LOG # 1057059

Attachment # 8

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			70. EVENT NO. 1617116023	
	40. ADDITIONAL INFORMATION POINTED GUN AT OFFICER				
SIGNATURES	73. REPORTING MEMBER (Print Name) CRAVENS, DANIEL L 20-JUN-2016 03:50:52		STAR/EMPLOYEE NO. 4656	SIGNATURE 	71. R.D. NO. HZ314835
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
	74. REVIEWING SUPERVISOR (Print Name) ZAHN, DAVID R		STAR NO. 791	SIGNATURE 	

Additional discharged weapons:

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender in surgery, unable to interview.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Based upon the facts available at this time, it is the preliminary determination of the undersigned that P.O. Cravens, Daniel #4656 acted in compliance with department policy in that P.O. Cravens #4656 fired his weapon in fear of his life after the offender DIXON, Angelo IR#2043808 pointed a weapon (40 Cal.) in the officers direction, thus placing him in fear of his life.
Log #1081059 U# 16-009

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. 1081059 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

ALEXANDER, DANA

80.

TRR

OF

TRR(S)

81. TOTAL TRR'S THIS EVENT No.

2

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

20-JUN-2016 04:14:24